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ABSTRACT

Elaborating on two main styles of multiple caretaking, this paper discusses those aspects of the mother-nanny relationship which influence the optimal care of the child. A caretaking style based in denial involves obliterating, denying, and distracting the child from his painful emotional experiences, fostering "the stiff upper lip," and the "I can manage by myself" attitude. In contrast, a style based in containment involves remaining deeply in touch with the child's emotional distress; discovering what it is about; letting the child's distress enter oneself; thinking about the child's feelings; giving the child the experience of having feelings accepted, tolerated, and supplied with meaning. In this discussion, four case study profiles illuminate the two styles. Generally, the discussion advances the following ideas: (1) caregivers must be in touch with their own feelings, not denying them, in order to be in touch with the infant's feelings; (2) time is required to learn from the experience of being with a particular baby and to understand that baby's unique emotional responses and needs; and (3) a good nanny aligns herself with the infant's parents, fostering the child's relationships with the parents and acknowledging that she cannot replace them. (RH)

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ASPECTS OF THE MOTHER-NANNY RELATIONSHIP: SOME CONCEPTS FROM PSYCHOANALYTIC RESEARCH TO UNDERSTAND PROBLEM AREAS WHICH CAN INTERFERE WITH THE OPTIMAL CARE FOR CHILDREN

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Behind many successful professional women who have young children, there lurks a nanny. There have been books written on the characteristics of mothers of famous men, but another is waiting to be written on the nanny's influence on the talent of famous people, Churchill, statesman, Nabokov, novelist, Robert Louis Stevenson, poet, Antonia Fraser, writer, to name but a few. In this paper, however, I shall discuss aspects of the nanny-mother relationship which influence the optimal care of the child.

First though, I would like you to think of your experience of listening to music. Perhaps you might even listen to some for a moment now. Can you describe what it is that you are listening with? What is it that you are experiencing when you listen? I'm certain that many of you would say that you cannot really appreciate music through using your mind and ears only. The music needs to penetrate through to the emotional you to be fully appreciated. Your mind can work on its form, but you need to take in its primitive force first.

Caretakers of babies need to use themselves, like you used youirself to listen to the music, to discover what the caretaker and child are being together. I'm talking now about the emotional tone of the caretaker and baby's get-together, the sound of baby, not yet in words, and the sound of the caretaker's voice, the feeling quality of her actions. I always ask the question--is the meeting between caretaker and child

generating love or pormulgating hate
promoting hope or sowing despair
containing pain or eliciting persecutory anxiety
fostering creative thinking or creating confusion?

Robert Frost describes :'Two roads diverged in a wood, and I--
I took the one less traveled by,
And that has made all the difference.'

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Tonight I would like to examine the road of denial versus the road, less worn, of learning afresh from one's emotional experience. I shall elaborate on the two main styles of multiple caretaking by mother and nannies:

1. Denial--This involves obliterating, denying, distracting the child from his painful emotional experiences, fostering 'the stiff upper lip', the 'I can manage by myself' attitude.

2. Containment--This involves remaining deeply in touch with the child's emotional distress, discovering what it is about,
-letting the child's distress enter you --like the music
-thinking about the child's feelings
-giving the child the experience of his feelings being accepted tolerated and given meaning to. This involves learning from being with the child, this unique child, different from all other children. This is what I call containment.

As far as I am concerned, any research into the effects of multiple caretakers on a child's development is superficial and virtually useless it examines this dimension : the caretaker's denial of the child's intense feelings, including pain
---------- the caretaker's containment of the child's pain.

Tonight I would like to discuss the emotional care of children by nanny and mother, basing my discussion on my own observations and those of students. But first, a brief note about the process of infant observation. At the Tavistock Institute of Human Relations in London, I teach students preparing for direct work with children. They are doctors, nurses social workers, psychologists, health visitors, teachers and child psychotherapists. The students have access to manuals of baby and child care and lectures on child development; but they have felt that one of the most helpful, if not the most valuable experience they had in their training was observing a normal infant and a young child develop in their families. These observations take place one hour per week, at a fixed time for two years. The students attend weekly seminars where they present very detailed reports of their observations, giving a copy to all the seminar members. A reporter takes notes on the seminar discussion and writes a summary of the baby's emotional development and his relationship to the family members. These summaries create a story of the child's life in literary form. At the end of the baby's first year of life, the observer is asked to write a detailed summary of the child's emotional development. Ideally the final paper includes the observer's experience of being with the family. I have a sample of a final infant observation paper I wrote, available on request.

The students feel that what is particularly valuable to them in their work are the seminars in which they are able to discuss their experience of being only an observer, not taking notes, but getting-in-touch with the emotional currents and behavior of the family. They find the task of observing, without any escape into a role such as teacher, therapist, doctor, particularly demanding and useful. They must learn to observe and contain the anxieties in the baby and mother, without quickly acting to alleviate the anxiety.

The infant and his family observations have often included a nanny. Using these observations, I shall illustrate some crucial insights about the nanny-mother relationship effects the optimal care of the infant. I shall talk only about early infancy because the baby as a person seems to remain neglected by so many. However, what I am saying has relevance to care for children of all ages.

Baby Henry

Baby Henry was born to a professional family having a five year old daughter. Mother did not work during the first two years of Henry's life, but she and a succession of three nannies shared the care for him during this time. There was no specific delineation of responsibilities, so that at any moment when Henry cried, either mother or nanny would appear. Likewise, without any routine or any warning given to Henry, mother or nanny would disappear for several hours. Henry had a unique relationship with his mother and the pair were obviously delighted in each other's company. This persisted throughout the two years of the observation.

> Ex. (4 weeks) Henry cries inconsolably at mother's disappearance despite nanny's efforts to soothe him. The nanny is put out and somewhat persecuted by not-knowing what Henry wanted and by Henry's demandingness. When he's crying intensely she says, "What do you want Henry? Shall I change your nappy? You are a pain. Why don't you go to sleep? You are noisy.' The nanny then feeds baby, changes his nappy, exercises him by making him do peddling movements with his legs. Henry's response is to develop an attack of hiccoughs which seems to engulf his entire body.

Responding to the actual distress of Henry presents a problem for nanny. If she acknowledges that mother is extremely important to Henry, that he does not consider his nanny as being identical to mother, that he does not see nanny as equal in importance to her, nanny has a problem of identity. She must feel worthwhile enough as a person, to accept Henry's definition of the current situation--that she is not the one he wants or desires most. The N. does not feel very adequate or worthwhile in herself and functions with these premises:

> Being with nanny is the same as being with mother
> Mother is not needed. Now nanny is as good as mother.

In this way the nanny denies, rather than contains, Henry's genuine distress. His hiccuping seems a sign of tension linked with Nanny's inability to emotionally bear Henry's sense of loss of mother.

As is often the case, this mother found a nanny who has a similar personality structure to herself. Mother also function through using denial of distress. This free her to pursue her own plans without the complication of considering baby's needs for her. When baby is 5½ months, Mother and father go on a week's holiday in the sun. (England isn't noted for it's sun). Nanny and baby stay with grandmother. Grandmother and nanny don't see eye-to-eye.

When mother returns, the nanny leaves and is immediately replaced. Baby Henry is very responsive and remembers mother when she returns.

> Ex. (7 mo.) Baby protests at being offered his bottle by the new nanny. When mother takes him and cuddles him, he takes the bottle readily and looks quite settled until mother begins to withdraw her attention and talk to nanny. Then he begins to cry and wriggle about, protesting about losing mother's attention. When mother leaves baby

to get the baby buggy, he turns and gazes in the direction in which mother has disappeared until she returns.

A few days after mother's return, baby is ill with a high temperature of 103. His skin is pale and translucent and his cries sharp and complaining. He has meningitis and is admitted into hospital for eight days.

(Ex. 11 Mo.) It is clear that baby has a very differentiated response to mother and the third nanny. When the observer arrives, baby is quite clingy to the nanny. After awhile mother arrives and he rapidly crawls towards her, grabs her legs and when she bends down, he put his arms around her neck and begins to bounce up and down excitedly.

Now I would like to make some hypotheses, which may sound fanciful to some of you, but which make sense to me in the light of my years of observing infants and reading the literature on physical illness. Henry is a baby who has formed a strong, pleasurable attachment to his mother. He clearly has delineated a "good mother" who feeds him, keeps him clean and cuddles him. He is able to hold onto the picture of the 'good mother' during times of separation from her. However, neither mother nor the nannies which she chose, are able to remain responsive to Henry's helplessness, hopelessness, terror and rage which beset Henry during mother's sudden and unannounced absences (as well as the nannies permanent disappearances.)

We noted the pattern of baby's responses to separations during his first two years. In the early weeks of life, baby Henry protests against the change of caretaker, from mother to nanny, by crying inconsolably and vomiting. Nanny is not able to contain and acknowledge the source of his distress. At 4½ months, baby is weaned. As babies often do, he protests against the bottle being introduced. Mother experiences his anger about the bottle but does not emotionally register at a deep level, baby's sense of loss and rage about losing that close contact with mother at her breast. He develops eczema. At 5½ months, mother goes for a one week holiday and the old nanny is replaced. Baby gets meningitis. The second nanny leaves and baby gets a series of colds. At 13 months, Henry has a persistent snuffle and a wheezy chest. By two years he is diagnosed as having asthma.

My hypothesis is that Henry's illnesses are not simply coincidental with the times of change of caretaker, in particular mother's absence. The baby's own personality structure in conjunction with mother and nanny's denial of the importance of a particular relationship to mother, contribute to the formation of psychosomatic illnesses. The disappearance of two nannies in 11 months may also make a significant contribution to his somatizing.

Henry's psychological development seems to have taken this course:

1) Mother emotionally present for Henry, feeding him, talking to him is experienced as 'the good mother.'

2) Out of rage with mother for being absent, baby attacks 'the internal mother' and transforms her into a damaged mother filled with projections of his anger. She becomes the persecutory 'bad mother'.

3) Baby has an experience of something bad inside himself that he evacuates--through vomiting or crying intensely. Nanny does not tolerate his distress, instead she gets irritated and annoyed and denigrates baby's needs with remarks like 'you are a pain.' Baby somatizes his distress.

4) For healthy psychological development to occur in baby, it is necessary for nanny to tolerate the baby's projection of 'bad mother.' This would enable baby to evacuate his bad experiences into nanny. In a state of reverie, a state of mind in which she could accept these projections of 'bad mother', the nanny could bear and digest the intolerable anxieties of baby and thus detoxify them. Baby would get the experience of nanny bearing the terrible experiences and giving meaning to them--ie. 'you feel it's terrible not to have mother present... or simply, 'you are terrified.'

5) Gradually, baby would stop evacuating distress. through/at his body. Instead he would develop the capacity to tolerate the distress of the bad mother separate from him.

6) He would then integrate 'good mother' with 'bad mother' experiences, thus experiencing at the same time a mother whom he both loves and hates.

7) Mother would not have a baby who always relates to her as a 'good mother' he adores while splits off experiences of 'bad mother absent' into his body.

8) Instead baby would be able to show mother both his loving and angry feelings--and be on the path to healthy psychological development..

Jack and a possessive nanny

Jack is the newly born third child of a suburban family. His mother is a housewife actively involved in a social life with her husband who is a businessman. The nanny does everything for Jack except feed him. She bathes Jack, changes him, and sleeps in the nursery with him. This means that mother's routine of resting, cooking, shopping is undisturbed by baby's birth. Although mother can sleep at night, she is not aware of Jack's pattern of sleeping or staying awake in nanny's arms for long periods during the nights.

Nanny is the expert and in charge, although she is younger than mother and less experienced with children. Nanny times the breast feeds with mother, determines how long they should last, and is relied on by mother to remember on which breast mother should start the feeding. In being so in control, Nanny gets in between the mother and child's more spontaneous rhythm of interchange.

During Jack's feeds, nanny tends to talk to mother. This creates a disturbance to Jack, as talking does for many feeding babies, and maintains a distance between this newborn infant and his mother. Sometimes, nanny does not talk to mother, but twice, in a distressingly intrusive way she cuts Jack's fingernails while he is feeding, as if she can not bear the intimacy of the feeding couple and her exclusion from it.

On the other hand, Nanny enjoys her own intimate moments with Jack and we wonder if, by her behavior, she positively reinforces Jack's wakefulness at night. That is, perhaps, baby's wakefulness suggests that not only is Jack not getting enough of what he wants during the day, but also that Nanny is not getting enough of what she wants (ie intimacy with the baby). Nanny says that Jack is at his best early in the morning, when she has him alone.

The question here is--does nanny unconsciously have a jealousy of mother and baby which prevents her from fostering mother's private relationship with baby, or is it simply that mother hasn't found a way of getting more comfortably close to Jack to provide him with the satisfaction he needs with her?

Here are two scenes typical of the first few weeks of baby's life, which illustrate nanny's interference with mother's mothering:

> Jack is feeding at the breast, he seems to be looking slightly above the breast, watching the space where mother's face can be seen when she turns to look at him. When mother does look at him, His eyes widen. Shortly mother is engaged in a conversation by the nanny.
>
> Jack continues to suck in a relaxed way, but gradually he becomes more self-absorbed and tired.

One might say it is natural for baby to get drowsy during a feed, but often drowsiness is a defence against stress or lack of attentiveness from mother. Let's look at an observation typical of when mother is alone with Jack:

> Mother and baby spend a lot of time gazing at each other with real concentration, with mother occasionally speaking to baby as she feeds him. Baby remains active in his sucking and alert after the feed. He looks into mother's eyes in an active searching way.

There seem to be another problem in this mother-nanny relationship. Mother is unable to acknowledge or at times use her own capacities as a mother. She discusses and emphasizes her own incompetence in her discussions with the observer. She refers to herself as 'a fumbling mom' although she is very in-touch and capable in her handling of baby. I think that it is not uncommon that this happens. Mother is envious of nanny and this means that she feels that she has nothing to offer baby. Nanny remains the expert that shows mother how to do things and tells her what to do.

After five weeks, nanny leaves. Mother talks about her fears of being tied down and not coping when Nanny leaves. She expresses for the first time, her concern about whether or not Jack is getting enough milk. When Nanny leaves, mother feels abandoned and unsure of herself, but also she finds a way of getting more in touch with her child. She had needed a nurse to help her in the early weeks, but now that time is over.

In these observations, we see three problems which interfere with good caretaking of Jack:

1) Nanny's use of <u>projective identification</u>: This means that nanny identifies with a 'super-mom" who can do everything perfectly while projecting into mother all her uncertainty and lack of understanding of baby's needs. Projective identification is a defence used when one cannot contain the stress of managing all the parts of one's personality. Instead, one projects an unwanted part of the self. The nanny cannot bear not knowing everything about baby's needs, she cannot bear being less experienced than mum, so she projects her unwanted incompetent parts into mother. She needs to feel very confident in order to maintain her identity as 'the good nanny.'

2) Nanny's own unmet infantile needs prompt her <u>jealousy</u> of baby's relationship with mother because she wants mother for herself and/or Jack for herself.

3) Mother's <u>envy</u> of nanny who seems so certain of herself, leads mother, despite her experience of rearing two children, to feel she is incompetent, fumbling — even though she isn't!

A handicapped Baby--Sarah

As is the routine, several months before the baby's birth, the observer meets the parents to arrange an infant observation. Mother, an opera singer, and her husband, a management consultant, then give birth to their first baby, a beautiful girl.

(Ex - 2 wks) Mother still seems white and shrunken, as though she has not recovered from the shock of the childbirth and the newness of her experience of being a mother. (Being a mother means losing one's identity as the woman one was before.)

Baby sucks rhythmically at mother's breast. Mother gently strokes her cheek as she feeds. Mother watches her baby with rapture, as though transfixed by the pleasant experience of baby at the breast. Mother remains still, allowing baby to suck and then rest from the breast. She tenderly rocks Sarah in her lap. Following the feed, mother expresses her delight that baby is sucking powerfully and eagerly on the breast.

(EX. --4 wks) Mother speaks frequently and tenderly to baby, "Hello, it's feed-time again." 'Come along," she sings as she picks her up. Mother's talking to baby suggests that for her, baby has developed a real sense of identity as a person. Mother and baby behave in a 'harmonious and practised way' together.'

(Ex-- 12 wks) Baby is never coming off the breast voluntarily. She finds everything distressing unless she is at mother's breast. There she can find solace. Sarah's eyes wander in an unfocussed way towards mother's face as Mother is talking. Mother and observer discuss how Sarah isn't following people or moving objects in the way baby's of this age should. Mother decides to have Sarah's eyes checked by a paediatrician. Meanwhile, she begins to stimulate Sarah with toys in front of her face in quite a relentless way. It is as though Mother intuitively feels Sarah is handicapped in some way and she is trying to give her a big dose of stimulation as some of the books for handicapped babies suggest.

Because she is so anxious about the normality of her baby, mother can't concentrate on her music and she cancels her future singing engagements. Mother and baby lose touch with each other. Mother says, "It's difficult to keep in touch. Without the baby's look, I don't know what I'm getting back from her."

When baby is 4½ mo, she is diagnosed as having a very uncommon congenital illness which includes blindness as well as the possibility of mental retardation and other life-risking physical problems. Mother is naturally extremely disappointed and sad in not having a 'normal baby.' She cannot bear the pain of facing her not-seeing daughter. She is disheartened about the baby's slow motor development.

Mother is able to respond only briefly to baby's crying. She can't bear to stay for long embracing baby when she's screaming or crying intensely.

> (Ex--4½ Mo.) Sarah screams loudly and collapses, face downwards onto the rug. Mother says, 'Oh dear, and I had so wanted to show off your new trick." She picks up screaming baby and holds her briefly and then places her sitting up in her beanbag. Baby is not comforted.

Mother then arranges for a nanny to take over some of the care of baby. Initially, the presence of the nanny enables mother to flee from the baby and get reinvolved in her professional interests. Not surprisingly, Mother cannot involve herself so much in performing, which would involve being very emotionally involved in the music, instead she embarks on music research. Mother becomes very demanding of baby to perform developmental tasks, while at the same time becoming irritated, and emotionally distant from her.

The nanny's arrival means that mother is free to become even more distant and out of touch with baby Sarah. But the nanny is hugely attached to baby. She has a great sense of pride in forming a close relationship with baby Sarah. Unlike mother who is ashamed to bring baby to visit children or adult friends, Nanny is delighted to bring baby with her when she visits her family and friends who really get attached to baby. Nanny is able to cuddle baby frequently and identify with her needs, giving her toys to play with saying: 'I hope this will amuse her." This is a contrast to mother who needs baby to perform, to get reassurance that baby can do things and is normal, like friend's babies.

> (Ex-10½ Mo) When baby protests about being taken out of the bath, nanny knows what baby hates, she talks to baby comfortingly and rubs her gently with a towel. Quite quickly, Sarah's protesting wails diminish. Nanny kisses her cheek and neck saying, 'What a lovely little girl you are.' She says to the observer, "I can't believe how attached you can become to a baby. I've looked after other children, but I've never felt like this about a a child.' Baby then sucks loudly on a bottle nanny provides, but then she begins crying. Nanny picks her up and cuddles her and baby Sarah pushes her face into nanny's neck, her little hands on nanny's shpulders. Nanny says, 'Baby is much more cuddly now, she doesn't arch her neck and pull away as she used to with her mother and me. Baby's cries decrease.

It seems that over time, nanny is able to establish a close tie with baby because she is not disappointed or persecuted by baby's visual non-responsiveness and her difficulty in being comforted. She does not feel rejected by baby's pulling away from her when she tries to hold and comfort her. This is very different from mother.

When baby's distress is repeatedly 'contained'--ie emotionally endured by Nanny, baby is able to develop an internal conception of a trustworthy, strong comforting mother figure who can bear her anger and distress. The picture of a 'good internal mother' --nanny--enables baby to adapt to her mother's demands to perform. She and mother gradually over 6-8 months are able to reestablish an old connection that has been broken when mother discovered baby's handicap and experienced baby's slowness to develop.

(Ex-18½ Mo) One year after nanny has arrived, the situation is dramatically changed. Mother says she is 'enjoying Sarah now.' Mother is confident and cheerful. Baby Sarah is self-possessed and responsive to mother. When mother begins a nursery rhyme, ring-a -ring o roses, Sarah completes the following lines, 'tissue, tissue, all fall down." She is rewarded by mother with squeals of delight and cuddles.

The nanny has succeeded in helping mother over the crisis of not being able to be intensely involved with her blind baby. This enabled mother over time to reestablish a link with baby. Mother's link with baby is still dominated by her need for baby to perform, but the baby's development of language provides a greater contact with mother. Also at this time, mother is able to resume her music recitals. She seems once again to be in touch with her emotions, a necessary experience for her success as a singer and as a mother.

These observations illustrate how a good relationship with nanny gets transferred to the baby's relationship with mother. Because Nanny loves baby, and identifies with baby's needs, including baby's need for mother, the nanny does not compete with mother nor intrusively stimulate baby in a way that causes strain.

Emily--The ideal nanny

Emily is lthe first child of professional parents. Mother reads a lot about infant development. There is a wide discrepancy between mother's competence to manage her life and professional commitments and her capacity to hold the baby physically and mentally. The baby is treated as if she were hardly human, more a parcel to be tended; fed, bathed and changed. In the early months she is never talked to by the mother, although she is talked about with care and concern for her welfare.

The baby Emily seldom looks at mother; her eyes would move away to fix on a light, the surface of a wall or blankly into space. It is indeed as mother is hardly able to see her. Breast feeding never seems to become extablished enjoyably and mother gives it up sudden ly after five weeks. A nanny is engaged and mother begins work again when baby is six weeks old. The nanny is to wear a white uniform so that baby would not mistake her for the mother. It is as if the mother needs some external distinction to give herself an identity and role.

Mother says that 'mothers are not important until the baby is 18 months old.' Quoting from a baby manual, she says, 'What matters most before then is physical care.' Mother is anxious lest she become indispensable to the child and then it would become difficult for her to return to work. Mother fears being stuck with her own infantile helplessness, evoked by the baby's needs. Mother says that she has actually tried to quiet or drown baby's crying by leaving the hoover on. When she eventually returns from the next room to switch it off, baby is still crying.

Emily's unresponsive and blank look is very worrying and the infant observation seminar, led by another tutor, Mrs. Harris made gloomy prognostications about a further withdrawal when baby is left in the full-time care of the nanny. The nanny is quite young, but experienced in looking after young children. It is striking how the nanny is able to hold baby Emily in a close, relaxed way, with baby fitted well next to her body as nanny gives her the bottle. Nanny feels quite at home with baby physically.

> EX. 6 wks) Baby, having just been weaned, is sucking intensely at the bottle. She is drowsy, but can't go to sleep. It is as if she can not go to sleep because it would mean giving up the nipple. She fin ishes the milk. When nanny sits her up she opens her eyes and looks around at it sadly, but she does not cry. Soon though, she begins twisting and turning her body, so nanny holds her against her breast firmly. Then baby looks up into nanny's face and makes some grunting sounds and starts crying.

It is notable in this observation how Baby Emily is crying with her recent weaning from the breast by sadly khanging on to the bottle with her eyes. Her feelings of pain of persecution by bye absent breast/mother she seems able to project bodily (through crying and grunting) into the nanny. Nanny receives the projections sympathetically.

The arrival of nanny heralded a gradual change in baby and in the whole family atmosphere. Nanny's presence is a tremendous relief to mother. She can s instruct the nanny about what to do, for mother is used to doint that in her work. Mother knows a good deal about bringing up babies from her reading; but nanny is more in touch with baby's feelings. Nanny can come close to baby Emily in such a way that she can comment to mother on the meaning of baby's signals, movements, cries. In this way, nanny does indeed help bring the mother closer to her baby emotionally. It was noticeable how quickly Emily becomes more alert, lively, and responsive. She becomes able to focus her attention upon the nanny. Baby internalizes her good relationship with the nanny who is emotionally responsive to baby and contains her distress. Then baby is able to show increasing interest in mother. When baby shows a preference for mother over nanny, and mother is oblivious to this, nanny sometimes points this out to mother. This enables mother to gradually become aware of and accept her young baby's attachment to her.

This seems to be a situation where mother needs to return to her work to recover from some sense of her adult competence and identity. lShe needs the help of a nanny to share the responsibility for the child so that she, mother, feels held and supported sufficiently to be more emotionally receptive to her baby's projections of intense feeling.

Unexpectedly, when the baby is nearly seven months old the nanny announced that she is leaveing. Father denies that nanny's departure matters at all, but suppisingly, mother is able to acknowledge her own regret about the nanny leaving and thus, unexpectedly, is much more in touch with what nanny's de-- parture means to bthe baby. Mother is able at this time to m make lherself lmuch more emotionally available to the baby, t to talk to her and play withher much amore patiently. lThe New nanny is accepted by the baby after close scrutiny, but it is clear lthat even though baby has lost the first nanny at seventh months, she does not forget her. For instance, when mother mentions the nanny's name fairly casually to the observer, while baby Emily (8 mo) is feeding, baby suddenly breaks down and cries.

As I was leaving England a knowing friend said, remember now, you can't share all your psychoanalytic upbringing in one hour--you can only make three points. I shall cheat and illustrate my fourth point in my discussion with some of you tomorrow. (night terrors) What I have tried to highlight are the following points:

1) My thinking derives from the assumption that it is beneficial to take the road of emotional truth. It is better for a child to acknowledge the truth of his emotional experience in so far as he is able to discern it, unpleasant as it may be at times. Unpleasant experience if it is shared by the child with the caretaker can be relieved somewhat. The baby cannot grow without the caretaker, meeting and bearing his pain. Pain can be better borne if it can be thought about. You must be in touch with your own feelings, not denying them, in order to be in touch with baby's feelings. That is the basis of good child care. The mother and caretakers first perform the thinking for the baby. The child introjects the mother/caretaker's capacity to tolerate pain and is impelled to use this capacity to think about his emotional experiences in the absence of the caretaker.

Healthy psychological development of a child is dependent on his facing the truth of his emotional experience. Truth is the food of emotional life. Children often can't put into words what they feel. From the baby's birth onwards, nannies and mothers (and fathers) need to work together to give meaning to the nonverbal communications: crying, frequent illnesses, bedwetting, nightmares, eating difficulties, denial of feelings about a stressful situation, and drawings. The caretakers need to work together to convey their experience of the child's feelings in order to provide a continuity of experience for the child.

2) Nannies and parents can't learn from books how to work together to care for a child, with his unique personality, different from all other children. It takes time to learn from the experience of being with this particular baby to understand this unique baby's emotional responses and needs and to be sufficiently in touch with one's own emotional responses to baby and to think about one's experience and baby's.

Quick solutions such as feeding baby, changing baby's nappy, putting baby to sleep, stimulating baby with a toy are often resorted to as 'superficial bandaids' to deny and evade baby's real needs which one cannot immediately understand, or never understand. When baby is crying, these activities do not promote baby's emotional growth unless they are accompanied by containing the baby's distress in oneself. At times baby needs to be fed, played with and changed, but often baby's cries are indicating his desire to be understood, met, talked to, cuddled. It is not that he is 'wanting attention' as people say in a pejorative way--he is wanting a deep relationship that provides love, evokes his interest and contains his pain and distress. Quick solutions 'to stop crying' do not necessarily lead to emotional development, but can lead to quick solutions like overeating, drug-taking and manic activity later in life. Infant observation seminars free students to feel and think without prematurely 'acting' to deny unpleasant experiences of baby and the unpleasant experience of not knowing what it is that baby feels.

3) A good nanny aligns herself with the parents, fostering the child's relationships with the parents and acknowledging that she cannot replace them.

a) Confusion between caretakers (parents and nanny) leads children to feel disturbed and confused, just like the children of divorcing parents feel.

b) Aligning oneself with the parents involves accepting baby's projections of 'bad mother' rather than agreeing with the child that the parents are bad for leaving. Sarah's nanny was able to feel rejected by Sarah (who rejected mother first) and work through that until finally Sarah accepted both nanny and mother.

c) Nannies-in-transition help children deal with loss by helping mother to become more adequate in mothering, more aware of how her child is feeling day by day. They also help the child by accepting child's sense of loss of a particular person, mother or father or nanny--rather than pretending that caretakers are replaceable for one another for a child of any age. Each adult is unique and different for a baby.

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Yeat's Poem

God guard me from the thoughts men think
In the mind alone
He that sings a lasting song
Thinks in a marrow bone.